Lead Administrator: Terry Cline, Ph.D.

Secretary of Health and Human Services and Commissioner of Health

FY'17 Projected Division/Program Funding By Source							
	Appropriations	Federal	Revolving	Local	Other*	Total	
Public Health Infrastructure	\$3,000,000	\$16,466,569	\$5,169,802			\$24,636,371	
Office of State Epidemiology	\$4,491,659	\$46,643,111	\$5,467,679			\$56,602,449	
Community and Family Health	\$33,160,464	\$140,878,535	\$4,447,568	\$35,237,921		\$213,724,488	
Protective Health	\$4,527,763	\$22,390,249	\$41,494,764			\$68,412,776	
Health Improvement	\$8,342,154	\$12,753,617	\$11,729,028			\$32,824,799	
Athletic Commission	\$181,350	\$0	\$305,912			\$487,262	
Information Technology	\$0	\$0	\$9,000,000			\$9,000,000	
Total	\$53,703,390	\$239,132,081	\$77,614,753	\$35,237,921	\$0	\$405,688,145	

*Source of "Other" and % of "Other" total for each.

FY'16 Carryover and Refund by Funding Source							
	Appropriations Federal Revolving Local Other* Total						
FY'16 Carryover							
FY'16 GR Refund**	\$1,564,290					\$1,564,290	

^{*}Source of "Other" and % of "Other" total for each.

The refund was budgeted in Community and Family Health Service to pay for personnel costs and contractual obligations.

What Changes did the Agency Make between FY'16 and FY'17?

1.) Are there any services no longer provided because of budget cuts?

The OSDH received a 4.0% state budget reduction for SFY16 which resulted in the elimination of the Dental health education and closure of five county health satellite offices. Clients who were receiving services must travel longer distances to get the same services.

2.) What services are provided at a higher cost to the user?

The cost of medications have increased, the cost of TB control has increased, the cost of lead screening has increased and the cost of STD medications have increased. FMAP will increase due to the cost to provide services.

3.) What services are still provided but with a slower response rate?

Services in counties that had closures would be slower because of increased wait times

4.) Did the agency provide any pay raises that were not legislatively/statutorily required? If so, please provide a detailed description in a separate document.

No

FY'18 Requested Division/Program Funding By Source							
	Appropriations	Federal	Revolving	Other	Total	% Change	
Public Health Infrastructure	\$3,000,000	\$16,466,569	\$5,169,802		\$24,636,371	0.00%	
Office of State Epidemiology	\$4,491,659	\$46,643,111	\$5,467,679		\$56,602,449	0.00%	
Community and Family Health	\$33,160,464	\$140,878,535	\$39,685,489		\$213,724,488	0.00%	
Protective Health	\$4,527,763	\$22,390,249	\$41,494,764		\$68,412,776	0.00%	
Health Improvement	\$8,342,154	\$12,753,617	\$11,729,028		\$32,824,799	0.00%	
Athletic Commission	\$181,350	\$0	\$305,912		\$487,262	0.00%	
Information Technology	\$0	\$0	\$9,000,000		\$9,000,000	0.00%	
Total	\$53,703,390	\$239,132,081	\$112,852,674	\$0	\$405,688,145	0.00%	
*C	!! 4-4-1 f1-		-				

*Source of "Other" and % of "Other" total for each.

FY'18 Top Five Appropriation Funding Requests					
	\$ Amount				
Immunization (Vaccine Purchase, Distribution & Administration)	\$1,537,296				
Federal Medical Assistance Percentage	\$1,281,368				
Child Lead Exposure	\$632,366				
Public Health Laboratory (First year bond payment on a \$58.5 million 20-year bond)	\$632,040				
Infectious Disease	\$602,642				
Top Five FY'18 Budget Requests	4,685,712				

^{**}Indicate how the FY'16 General Revenue refund was budgeted

	How would the agency handle a 5% appropriation reduction in FY'18?						
\$ Amount	Description						
\$10,000	Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-18						
\$2,314,586	A 5% reduction in appropriation to the department would require a reduction of services. Based on the OSDH business plan and agency priorities, the department would be required to eliminate of the state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary, dental, and behavioral health care to uninsured patients. This approach minimize the impact on the mandated public health programs (like emergency preparedness and infectious disease control) and maintain OHIP priorities that are necessary to improve health outcomes and prevent disease, specially tobacco, obesity and Children's Health programs.						
\$424,339	Oklahoma Based Child Abuse Prevention: Approximately 183 families would not be served and approximately 15 Parents as Teachers (PAT) positions within the community non-profits would no longer be funded. In order to determine which programs would be eliminated, contractors will be rated and ranked by the number of home visits made and number of families served.						
\$2,748,925	Total Reduction of Expenditures						

	How would the agency handle a 7.5% appropriation reduction in FY'18?						
\$ Amount	Description						
\$15,000	Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-18						
\$2,314,586	A 7.5% reduction in appropriation to the department would require a reduction of services. Based on the OSDH business plan and agency prioritities, the department would be required to eliminate of the state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary, dental, and behavioral health care to uninsured patients. This approach minimize the impact on the mandated public health programs (like emergency preparedness and infectious disease control) and maintain OHIP priorities that are necessary to improve health outcomes and prevent disease, specially tobacco, obesity and Children's Health programs.						
\$1,793,801	Oklahoma Based Child Abuse Prevention: Approximately 348 families would not be served and approximately 28 Parent as Teachers (PAT) positions within the community non-profits would no longer be funded. In order to determine which programs would be eliminated, contractors will be rated and ranked by the number of home visits made and number of families served.						
\$4,123,387	Total Reduction of Expenditures						

	How would the agency handle a 10% appropriation reduction in FY'18?
\$ Amount	Description
\$20,000	Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-18
\$2,314,586	A 10% reduction in appropriation to the department would require a reduction of services. Based on the OSDH business plan and agency prioritities, the department would be required to eliminate of the state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary, dental, and behavioral health care to uninsured patients. This approach minimize the impact on the mandated public health programs (like emergency preparedness and infectious disease control) and maintain OHIP priorities that are necessary to improve health outcomes and prevent disease, specially tobacco, obesity and Children's Health programs.
\$2,317,635	Oklahoma Based Child Abuse Prevention: Approximately 637 families would not be served and all 52 Parent as Teachers (PAT) positions within the community non-profit would no longer be funded. This would impact all 13 regional contractors.
\$845,629	ParentPro: Represent a loss of approximately 35% of Parent as Teachers (PAT) funding for four rural county health departments: Bryan, Creek, Jackson and Pittsburg. With this reduction approximately 112 familes would not be served and approximately 8 positions within the community health departments would no longer be funded.
\$5,497,850	Total Reduction of Expenditures

	Is the agency seeking any fee increases for FY'18?					
	Yes	\$ Amount				
Increase 1	Please see attached	\$0				
Increase 2		\$0				
Increase 3		\$0				

What are the agency's ton 2-3	capital or technology (one-time)	requests if applicable?
what are the agency 8 tob 2-3	capital of technology tone-time	reducts. If applicable:

Public Health Laboratory Total Construction Bond

\$58,560,000

Federal Government Impact

1.) How much federal money received by the agency is tied to a mandate by the Federal Government?

The department receives approximately 59% of the overall budget from federal sources. Those monies come with certain expectations or obligations of performance but do not necessarily constitute "mandates". In some instances, the federal monies are used to support mandates where appropriated monies or fees cannot sustain programmatic efforts such as infectious disease programs.

2.) Are any of those funds inadequate to pay for the federal mandate?

As mentioned above, a considerable portion of federal monies received by the department are utilized to support state level mandates

3.) What would the consequences be of ending all of the federal funded programs for your agency?

Discontinuation of federal programs and funding would significantly impact public health systems and service delivery. Most federally funded programs serve statewide initiatives and impact the entire citizenry. Those programs include but are not limited to focus on the following public health issues; All Hazards Preparedness, Communicable Disease Prevention and Control, Maternal and Child Health Services, Nursing Home and Health Facility Inspection and Regulation as well as many others. The discontinuance of such services could dramatically impact health status in Oklahoma, leave our citizens vulnerable to outbreaks of disease and virtually eliminate the capability of a coordinated health and medical response in an emergency. Further, the elimination of these federal programs would result in the loss of jobs within and outside the department due to necessary reductions in personnel and elimination of contractual services currently provided. At present, approximately 50% of the department staff are funded on federal fuding sources.

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program award was reduced from \$9,025,081 annually (ability to spend over a two years period) to \$6,377,853 (to be spent over thirty months). The reduction in funding resulted in the reduced focus of the program from seven county health departments to two county health departments.

The CDC Tobacco Control Core program is anticipating a reduction in funding between 10% and 50% (\$109,032 to \$545,162) beginning March 31, 2017. The proposed budget cut will impact staffing, contracts and services related to tobacco control efforts especially within disparate populations.

5.) Has the agency requested any additional federal earmarks or increases?

The agency has not requested any federal earmarks. Howerver, approximately, 59% of the departments funding is awarded through 77 separate federal revenue streams. The level of funding for each program is tied directly to the federal funding level as well as the federal guidance documents. The department continues efforts to identify all available funding opportunities that align with core public health functions, the agencies business plan and the Oklahoma Health Improvement Plan.

Division and Program Descriptions

Public Health Imperatives

Protect the health/safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health/medical emergency/response; and offer protection to vulnerable persons against exposure to severe harm

Priority Public Health - Improvement of Health Outcomes

Health promotion and interventions aimed at reducing poor health outcomes and excess death in Oklahoma

Prevention Services and Wellness Promotion

These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness

Access to Competent Personal, Consumer and Healthcare Services

These services may include the training and education of public health and/or private medical providers, linking individuals to healthcare services or the provision of healthcare services when otherwise unavailable

Science and Research

Services that seek to research public health problems & interventions for effectiveness; improve the practice of public health; and enhance the body of public health research through scientific publication and presentation

Public Health Infrastructure

The public health infrastructure exists to support specific imperative, priority and other public health programs. These include infrastructure costs associated with providing a statewide public health presence

FY'17 Budgeted FTE						
	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
Public Health Infrastructure	50	130	55	78	82	25
Office of State Epidemiology	36	82	64	26	100	20
Community and Family Health	297	1119	319	537	812	89
Protective Health	68	209	92	86	186	29
Health Improvement	27	17	97	21	71	22
Total	478	1557	627	748	1251	185

FTE History						
	2017 Budgeted	2016	2013	2010	2006	
Public Health Infrastructure	185	136	149	305	N/A	
Office of State Epidemiology	146	221	207	220	N/A	
Community and Family Health	1438	1408	1318	1207	N/A	
Protective Health	299	244	246	231	N/A	
Health Improvement	114	147	117	210	N/A	
Athletic Commission	2	2	0	0	N/A	
Total	2184	2156	2037	2173	0	

OKLAHOMA STA	Performance Me		TIE/TETTI (S	10)	
	FY'17	FY'16	FY'15	FY'14	FY'13
All Hazards Preparedness	111/	1110	1110	1111	1110
Improve state score on National Health Security Preparedness Index by	6.5%	7.6%	8.3%	7.3%	N/A
Improve Infectious Disease Control					
Incidence of tuberculosis, pertussis, hepatitis A and indigenously-					
acquired measles cases per 100,000. Previous years data in this	** 040/	- <00/	6.060/	0.000/	6.0007
document are for the measure as stated. FY 2016 data is for the new	25.81%	5.60%	6.86%	8.80%	6.80%
measure: Average number of reported Tuberculosis, Pertussis and					
Salmonella cases per 100,00 population.					
Incidence of Reported Acute Hepatitis B Cases per 100,000 Oklahoma					
Population:	1.00%	1.98%	1.47%	1.03%	2.1%
- opulation					
Percent of immediately notifiable reports in which investigation is	0.607	1000/	050/	000/	050/
initiated by ADS within 15 minutes.	96%	100%	95%	98%	95%
Improve Mandates Compliance Percent of State Mandated Non-Compliant Activities Meeting		1	T		
Inspection Frequency Mandates (IFMs)	100.0%	100.0%	93.0%	86.0%	92.3%
Percent of State Mandated Complaint Activities Meeting Inspection					
Frequency Mandates (IFMs)	100.0%	95.0%	91.0%	80.0%	23.1%
Percent of Contracted Non-Complaint Activities Meeting Inspection	400.007	400.007	22.22/	0 < 00 /	0.5.004
Frequency Mandates (IFMs)	100.0%	100.0%	88.0%	86.0%	86.0%
Percent of Contracted Complaint Activities Meeting Inspection	100.0%	100.0%	100.0%	100.0%	80.0%
Frequency Mandates (IFMs)	100.0 / 0	100.070	100.0 / 0	100.070	00.0 / 0
Language Children to Handah					
Improve Children's Health		Ι			
Percent of Pregnant Women Reiving Adequate Prenatal Care as Define					
by Kotelchuck's APNCU Index	72.5%	70.1%	70.5%	70.0%	
by Rotelender 574 1400 index					
Rate of Infant Deaths per 1,000 Live Births. Note from Joyce					
Marshall: Please note that the Infant Mortality Rate (IMR) is a rate per 1000 live births					
and not percentage and that we included both annual and three-year data for the IMR.	7.3	7.5	7.2	7.5	7.6%
The three-year moving average IMR is the current standard and the one we are reporting					
publicly.					
Percent of Infants Born to Pregnant Women Receiving Prenatal Care in	71.0%	68.5%	68.6%	68.5%	
the First Trimester Rate of Pre-Term Births	10.1%	10.3%	10.5%	10.8%	
rate of the term Bittis	10.1 /0	10.5 / 0	10.5 / 0	10.070	
Improve Disease and Injury Prevention					
Percent of children 19-35 months old immunized with 4:3:1:3:3:1 This					
measure changed and FY 2016 data is for the new schedule -	74.0%	64.8%	70.8%	62.7%	61.0%
4:3:1:3:3:1:4					
Decrease the Number of Preventable Hospitalizations for Medicare	61.0	76.9	78.3	76.9	81.0
Enrollees (per 1.000)	01.0	/0.9	/8.3	/0.9	81.0
Number of fetal and nonfetal					
Number of fatal and nonfatal motor vehicle crash injuries among occupants less than one year of age.	95	89	98	104	116
occupants less than one year of age.					
		1	1		
Improve Oklahomans' Wellness					
Percent of Oklahoma adults who are obese	33.0%	33.0%	32.5%	32.2%	31.1%
Percent of Oklahoma adults who smoke	21.0%	21.1%	23.7%	23.3%	26.1%
Cardiovascular deaths per 100,000	250.0	259.3	288.5	290.4	284.0
Number of Certified Healthy Communities	80	77	72 522	52	43
Number of Certified Healthy Schools	685	595	523	314	155
Improve Infrastructure, Policy, and Resource Support to Achieve					
Number of PHAB Accredited Health Departments	3	2	2	2	0
Percent of turnover agency-wide	15.0%	14.8%	11.7%	13.1%	12.9%
	,0	/9			, ,

	Revolving Funds (200 Series Funds)			HEALTH (340)		
, r	Cevor	FY'14-16 Avg. Revenues		FY'14-16 Avg. Expenditures	June '16 Balance	
Kidney Health Revolving Fund 202 for Duties	\$	-	\$	-	\$575,108	
Genetic Counseling License Revolving Fund 203 for Duties	\$	8,233.33	\$	3,966.91	\$20,387	
Tobacco Prevention and Cessation Revolving Fund 204 for Duties	\$	1,130,283.47	\$	1,079,112.55	\$984,957	
Alternatives to Abortion Services Revolving Fund 207 for Duties	\$	-	\$	-	\$0	
Public Health Special Revolving Fund 210 for Duties - Available balance necessary to process local payroll for county health department services across the state.	\$	19,916,515.32	\$	17,114,106.22	\$13,779,152	
Nursing Facility Administrative Penalties Fund 211 for Duties	\$	41,081.19	\$	-	\$333,767	
Home Health Care Revolving Fund 212 for Duties	\$	234,558.42	\$	141,000.18	\$774,305	
National Background Check Fund 216 for Duties	\$	1,137,941.95	\$	542,864.03	\$1,358,545	
Civil Monetary Penalty Revolving Fund 220 for Duties - Restricted by CMS see 42 CFR 488.433	\$	70,026.51	\$	861,389.06	\$1,600,853	
Oklahoma Organ Donor Education Revolving Fund 222 for Duties	\$	130,031.23	\$	195,678.17	\$143,792	
Breast Cancer Act Revolving Fund 225 for Duties	\$	17,395.34	\$	6,823.33	\$101,979	
Sports Eye Safety Program Revolving Fund 226 for Duties	\$	1,441.67	\$	-	\$4,996	
Oklahoma Leukemia and Lymphoma Revolving Fun 228 for Duties	\$	2,214.33	\$	830.39	\$63,439	
Multiple Sclerosis Society Revolving Fund 229 for Duties	\$	1,720.33	\$	3,091.49	\$97	
Oklahoma Pre Birth Def, Pre Birth & Revolving Fund 233 for Duties	\$	233.33	\$	50.00	\$1,982	
Oklahoma Lupus Revolving Fund 235 for Duties	\$	3,510.67	\$	233.66	\$12,368	
Trauma Care Assistance Revolving Fund 236 for Duties	\$	25,366,604.93	\$	28,312,504.44	\$2,218,954	
Pancreatic Cancer Research License Plate Revolving Fund 242 for Duties	\$	1,926.67	\$	98.00	\$10,181	
Regional Guidance Centers Revolving Fund 250 for Duties	\$	-	\$	-	\$0	
Child Abuse Prevention Revolving Fund 265 for Duties	\$	53,744.68	\$	30,850.46	\$91,821	
EMP Death Benefit Revolving Fund 267 for Duties	\$	17,990.50	\$	1,666.66	\$152,157	
Oklahoma Emergency Response System Stabilization and Improvement Revolving Fund 268 for Duties	\$	1,163,396.79	\$	1,481,644.09	\$2,332,531	
Dental Loan Repayment Revolving Fund 284 for Duties	\$	409,642.94	\$	454,079.03	\$113,797	
Oklahoma Insurance Disaster and Emergency Medicine Revolving Fund 285 for Duties	\$	-	\$	999,171.88	\$0	
Children's Hospital - Oklahoma Kids Association Revolving Fund 290 for Duties	\$	-	\$	-	\$860	
Oklahoma State Athletics Commission Revolving Fund 295 for Duties	\$	191,976.09	\$	237,175.94	\$28,825	